

**Dr Paul Freeling** (*Southall*) stated that the hospital referral letter written by general practitioners was often useless because it was illegible. Except for acute referrals, all letters should be typed. It was necessary that the general practitioner should attempt a diagnosis (or a differential diagnosis) and that he include in the letter the type of treatment prescribed.

A number of speakers interjected to say that the patient had been left out of the discussion. It was the patient whom general practitioners were trying to help and they should be prepared to give full reasons why any referral was being made and, also, communicate exactly what was in any reply.

**Dr J J McMullan** (*Chesham*) said that in an Oxford study 90–98% of hospital discharge summaries made no reference to any information given to the patient.

In further discussion great stress was laid on the fact that there should be personal communication between general practitioners and consultants.

**Dr Margaret Pollak** (*London*) stated that where she had found difficulty in communication, she had gone out to the general practitioner concerned and that this had improved relationships.

**Dr J S Norell** (*London*) pointed out that general practitioners were trained to be patient-orientated whereas hospital consultants were problem-orientated.

#### SUMMARY

It would appear that the main breakdown in relationship between the general practitioner and his consultant colleague is that of communication. The main lesson that should be learned was that in order to give the best service to the patient, we must give clear and concise information to our colleagues in any communication. We must keep the patient fully informed of the reasons for any referral and of any outcome from that referral.

There could be more research from academic centres into problems of communication. Improved social communication between all branches of the profession would obviously help in every way. Possibly, to have greater involvement of general practitioners in the selection of medical students might help to break down some of the barriers which are created at a later stage. Professor Dudley pointed out that there should be much greater study and less emotive speaking about the problem of communication, and that possibly we would all do well to remember to refer 'fewer cases and more patients'.

DERIC B HAWKINS

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#### *Meeting 21 May 1975*

Lord Mancroft spoke on the subject of **Gambling**.